

0304.05.10.05

Verification of Citizen Status

REV:06/1994

REV:11/2006

Effective July 1, 2006, in conformance with the federal Deficit Reduction Act of 2005, both applicants and recipients for Medical Assistance must submit verification of both citizenship and identity. This policy does not apply to persons receiving SSI, Medicare, or who are not US Citizens.

Acceptable verification of citizenship is divided into four (4) tiers. Applicants/recipients submitting documentation from the First Level (Primary documentation) satisfy both the citizenship and identity requirements. Applicants and recipients born outside of the United States who were not U.S. citizens at birth, must submit a document listed under the First Level (Primary documentation) as evidence of U.S. citizenship.

If documentation from the First Level of citizenship documentation is not available, then the applicant/recipient must submit both a document from one of the lower levels of citizenship documentation as well as a document from the list of acceptable forms of identity documentation. Primary and Secondary levels of documentation must be exhausted before third level documentation is used to verify citizenship as third level documentation is only acceptable if primary and secondary documentation cannot be obtained or does not exist. Fourth level documentation should only be used under the rarest of circumstances. It is only to be used when absolutely no other documentation exists that will establish the individual's U.S. citizenship.

CITIZENSHIP

FIRST LEVEL (PRIMARY)

The following forms of documentation qualify as both proof of citizenship and identity:

--A U.S. Passport

NOTE: U.S. Passport does not have to currently valid to be accepted as proof of citizenship. However, do not accept any passport as evidence of U.S. citizenship if it was issued with a limitation. Passports possessing a limitation may only be used for proof of identity.

--A Certificate of Naturalization (Forms N-550 or N-570)

--A Certificate of U.S. Citizenship (Form N-560 or N-561)

If the applicant/recipient does not possess any of the above forms of documentation, then documentation of both the individual's citizenship (preferably from the Secondary tier of documentation) and identity is necessary.

SECOND LEVEL (SECONDARY)

--A U.S. Birth Certificate

--A Certification of Birth Issued by the Department of State (Form DS-1350)

--A Report of Birth Abroad of a U.S. Citizen (Form FS-240)

--A Certification of Birth Issued by the Department of State (Form FS-545 or DS-1350)

--A U.S. Citizens I.D. Card (Form I-197 or prior version I-179)

--An American Indian Card, I-872 issued by the Department of Homeland Security with the classification code "KIC" issued to identify U.S. citizen members of the Texas Band of Kickapoos living near the U.S./Mexican border

--Final Adoption Decree showing the child's name and U.S. birthplace

--Evidence of Civil Service employment by the U.S. government before June 1976

--An official military record of service showing a U.S. place of birth

--A Northern Mariana Identification Card, I-873 (issued by the INS to a collectively naturalized citizen of the United States who was born in the Northern Mariana Islands before November 4, 1986)

THIRD LEVEL

--Extract of a hospital record on hospital letterhead established at the time of the person's birth and was created at least five (5) years before the initial application date and that

indicates a U.S. place of birth. (For children under sixteen (16) years old the document must have been created at or near the time of birth or five (5) years before the date of application.)

--Life or health or other insurance record showing a U.S. place of birth and was created at least five (5) years before the initial application day.

FOURTH LEVEL

--Federal or state census record showing U.S. citizenship or a U.S. place of birth

--Institutional admission papers from a nursing home, skilled nursing care facility, or other institution and was created at least five (5) years before the initial application date and indicates a U.S. place of birth.

--Medical (clinic, doctor, or hospital) record created at least five (5) years before the initial application date that indicates a U.S. place of birth. (For children under sixteen (16) years old the document must have been created near the time of birth or five (5) years before the date of application.) NOTE: An immunization record is not considered a medical record for purposes of establishing U.S. citizenship.

--Other documents that were created at least five (5) years before the application for Medicaid. These documents include:

--Seneca Indian Tribal Census Report,

--Bureau of Indian Affairs Tribal Census Records of the Navajo Indians,

--U.S. State Vital Statistics Official nomination of birth registration,

--An amended U.S. public birth record that is amended more than five (5) years after the person's birth or statement signed by the physician or midwife who was in attendance at the time of birth.

--A written affidavit which may be used only in rare circumstances when the state cannot prove evidence of citizenship in any other way. Affidavits must be given by at least two individuals—one must be of no relation to the applicant. Each person must attest to having personal knowledge of the events establishing the applicant is a citizen, and must also prove their own citizenship and identity. If the person knows why documentary evidence

establishing the applicant's claim of citizenship is not available, the affidavit should contain that information as well. The State must obtain a separate affidavit from the applicant/recipient or other knowledgeable individual explaining why the evidence does not exist or cannot be obtained. It must be signed under penalty of perjury by the person making the affidavit.

IDENTITY

The following forms of documentation qualify as proof of identity and must accompany any documents establishing citizenship that were submitted from the second, third, or fourth levels of citizenship documentation.

- A current U.S. state or territory driver's license bearing the individual's picture or other identifying information such as name, age, sex, race, height, weight, or eye color
- Certificate of Indian Blood, or other U.S. American Indian/ Alaska Native tribal document
- Any identity document described in Section 274A(b)(1)(D) of the Immigration and Nationality Act
- School identification card with a photograph of the individual
- U.S. military card or draft record
- Identification card issued by the Federal, State, or local government with the same information included on the driver's license issued by the Federal, State, or local government.
- Military dependent's identification card
- Native American tribal document
- U.S. Coast Guard Merchant Mariner card
- Cross match with federal or state government agency, including but not limited to Vital Statistics and Division of Motor Vehicles.

In addition to the above identity documents, children who are sixteen (16) years of age or younger may prove their identity through the use of the following documents:

~~-- School identification card with a photograph~~

~~-- Military dependent's identification card if it contains a photograph~~

~~School record that shows date and place of birth and parent(s) name~~

~~-- Clinic, doctor, or hospital record showing date of birth~~

~~-- School records including nursery or day care records~~

~~-- Affidavit signed under penalty of perjury by a parent or guardian attesting to the child's date and place of birth.~~

~~NOTE: This cannot be used if an affidavit was submitted to document citizenship.~~

~~o Birth Certificate;~~

~~o Religious document such as a baptismal record, recorded within three months of birth showing that the birth took place in the United States;~~

~~o United States passport;~~

~~o Report of Birth Abroad of a Citizen of the United States (Form FS-240)~~

~~o Certification of Birth (Form FS-545);~~

~~o United States Citizen I.D. Card (I-97);~~

~~o Naturalization Certification (N-550); or~~

~~o Certificate of Citizenship (N-560).~~

Various "documents" issued by an organization called the World Council of Washington, D.C. are considered bogus and unacceptable as evidence of identity, citizenship, age, etc., for enumeration or other official purposes. These "documents" include: World Birth Certificates, World Citizen Cards, World Identity Cards, and World Marriage Certificates.

REASONABLE OPPORTUNITY

Applicants/recipients will be given a reasonable opportunity to present documents that establish U.S. citizenship and identity.

Recipients will not have their Medical Assistance terminated for failure to provide the required documentation of citizenship and identity so long as they demonstrate a good faith effort to present satisfactory documentation. Reasonable opportunity period for recipients is defined as 90 days after first date of redetermination after July 1, 2006.

Applicants will not be eligible to receive Medical Assistance benefits until they have presented the required documentation of citizenship and identity. Applicants have 30 days from the time the application is filed to submit documentation of citizenship and identity. After the 30 day period, eligibility will be denied for applicants who did not submit acceptable proof of citizenship and identity.

The agency will assist an applicant or recipient to document their U.S. citizenship and identity if they:

o Are unable to obtain the required documents, and

o Require assistance (i.e. are homeless, mentally impaired, or physically incapacitated), and

o Do not have someone who can act on their behalf.

Medicaid applicants and recipients are allowed to submit proof of citizenship and documentation to the Department of Human Services (DHS) through an authorized representative. Authorized representatives are defined as Family Resource Counselors, hospitals, community health centers and Medical Assistance providers. Authorized representatives who accept documentation of citizenship and identity will transmit this documentation to DHS.

CHILDREN

Children born to foreign diplomats residing in the United States and/or its territories are not citizens of the United States.

0304.05.15.05

Verification of Repatriate Status

REV:06/1994

REV:11/2006

Verification of repatriate status is made by documenting United States citizenship as defined in DHS Policy Section 0304.05.10.05.

- ~~_____o_____ Birth Certificate;~~
~~_____~~
- ~~_____o_____ Religious document such as a baptismal record, recorded~~
~~_____ within three months of birth showing that the birth~~
~~_____ took place in the United States;~~
~~_____~~
- ~~_____o_____ United States passport;~~
~~_____~~
- ~~_____o_____ Report of Birth Abroad of a Citizen of the United~~
~~_____ States (Form FS-240)~~
~~_____~~
- ~~_____o_____ Certification of Birth (Form FS 545);~~
~~_____~~
- ~~_____o_____ United States Citizen I.D. Card (I-97);~~
~~_____~~
- ~~_____o_____ Naturalization Certification (N 550); or~~
~~_____~~
- ~~_____o_____ Certificate of Citizenship (N-560).~~
~~_____~~

0342.40

NEWBORN CHILD OF MA ELIGIBLE MOTHER

REV:01/2002

REV:11/2006

This coverage group consists of children born to a woman who is eligible for and receiving MA as Categorically Needy on the date of the child's birth. The mother's basis of eligibility may be cash assistance-related or MA Only. The child is deemed eligible for one year from birth as long as:

- o The child resides continuously in the mother's household;
- o The mother remains eligible for MA, or would have remained eligible if she were still pregnant; and,

NOTE: Under the provisions of the federal Deficit
Reduction Act of 2005, children born to mothers
whose alien status is determined to be undocumented
or who is a qualified alien but has been here less
than five (5) years, are not automatically eligible

to receive Medical Assistance. The parent(s) of
these children must file a new application in order
to determine their eligibility for Medical Assistance

- o Reasonable effort is made to fulfill the newborn enumeration requirement.

To determine if the newborn is living in the mother's household, the eligibility technician will use the rules of the cash assistance program (FIP or SSI) related to the mother's eligibility.

Changes in the mother's family income never effect the newborn's deemed eligibility because, if still pregnant, the mother would remain eligible regardless of changes in income. If the mother loses eligibility because of changes other than income, the eligibility technician must determine whether she would have remained eligible on any basis if she were still pregnant.

An infant born to an eligible pregnant woman has automatic MA enrollment for the first year of life whether the mother qualifies through a cash assistance program (FIP or SSI) or through Medical Assistance only. The eligibility exists even if the mother becomes ineligible for FIP or SSI, provided the mother is currently eligible for MA or would be if she were pregnant.

Eligibility under this coverage group remains until one of the following occurs:

- o One year from the child's date of birth; or,
- o The infant is determined eligible for the equivalent scope of Medical Assistance services under another coverage group; or,
- o The mother loses MA eligibility based on the application of criteria as if she were pregnant. As a result, the child is determined to be ineligible.

EXAMPLE OF NEWBORN ELIGIBILITY

A pregnant woman in one-parent family is determined eligible for FIP cash-assistance. After the birth of the child the mother refuses to cooperate with the Family Independence Program's requirement that she assist Child Support Enforcement (CSE) to establish paternity and seek support from the father of the child. As a result of non-cooperation, mother is ineligible for FIP and cash-related Medical Assistance benefits cease at the end of the post-partum period. Although mother

is no longer eligible for FIP, cooperation with CSE is not a requirement of the Medical Assistance Program if she were pregnant. Since mother would be eligible for Medical Assistance if she were pregnant, the newborn is automatically enrolled and eligible for Medical Assistance benefits for the first year of life.

0348.20

NON-FINANCIAL REQUIREMENTS

REV:10/2005

REV:11/2006

To be eligible for the Rite Care program a family must meet the program's non-financial, financial and cooperation requirements.

BASIC NON-FINANCIAL REQUIREMENTS

All participants in the Rite Care program must meet basic Medical Assistance eligibility criteria.

Applicants for Rite Care, Section 1931 or MA Family Waiver coverage using either the combined application form or the mail-in application form must meet the following requirements:

- o Provide proof of citizenship for U.S. citizen members of the Applicant Unit.
- O Provide proof of identity for U.S. citizen ~~all~~ members of the Applicant Unit.
- o Provide a valid Social Security number (SSN) for all members of the Applicant Unit. This requirement is waived for undocumented aliens who cannot obtain a Social Security number. Social Security numbers need not be verified by documents submitted by the applicant, but are subject to verification by DHS staff. Non-applicant members of the Financial Unit are encouraged to provide a SSN voluntarily, if they have one, to facilitate verification of income and determinations of continuing eligibility. However, unwillingness on the part of a non-applicant to provide a SSN upon request cannot be used as a basis for denying eligibility to a member of the Applicant Unit who has met this requirement and provided a SSN;

- o Provide proof of immigration status or information regarding other alien status for non-citizen members of the Applicant Unit only. Pregnant women and children under the age of nineteen (19) who are unable to document their immigration status may be eligible for Rite Care under State-Funded coverage groups. (See Sections 0348.10.10.05 and 0348.10.10.15). Non applicant members of the Financial Unit, who work for employers offering health insurance, are asked for general information about citizenship status (e.g., citizen versus qualified immigrant). This information is used to determine whether employer contact is necessary for the purposes of Rite Share. No employer contact is made for non-applicants who are not US citizens, or who do not have qualified immigration status, as they are generally prohibited from receiving MA through Rite Share or Rite Care under State and federal law.
- o Meet the MA relationship requirement for Section 1931 or Family Waiver coverage. Self report of relationship on the signed MA application form is sufficient verification of this requirement, unless the information provided is inconsistent with related documentation known to or on record with DHS. Relationship is not required for Poverty Level/Rite Care children. (See DHS Manual Sections 0328.10 for relationship requirement and 0328.10.05 for verification of relationship);
- o Reside in the State of Rhode Island. A Rhode Island address on the MA application form is sufficient for this requirement, unless it is inconsistent with other documented information known to DHS. Non-citizens who hold Temporary Visitors Visas must establish and provide appropriate evidence verifying an intent to stay and live in Rhode Island in order to meet this requirement for MA eligibility;
- o Not reside in a public institution, including correctional facilities and public psychiatric hospitals.

ADDITIONAL NON-FINANCIAL REQUIREMENTS

- o Provide proof of pregnancy, if appropriate;

- o Provide information on health insurance status.

COOPERATION REQUIREMENTS

- o Third Party Liability (TPL)

Third Party Liability (TPL) refers to any individual, entity (e.g., insurance company) or program (e.g., Medicare) that may be liable for all or part of a Rite Care member's health coverage. Under Section 1902(a)(25) of the Social Security Act, the DHS is required to take all reasonable measures to identify legally liable third parties and treat verified TPL as a resource of the Medical Assistance recipient.

The Rite Care applicant is required to furnish information on the application form about all sources of TPL.

The health plan and the State are responsible for identifying and pursuing TPL for individuals covered by employer-sponsored health insurance plans through the Rite Share program.

DHS reserves the discretion to provide Medical Assistance wrap around coverage, as an alternative to coverage in a Rite Care plan, to an eligible individual who has comprehensive health insurance through a liable third party, including (but not limited to) absent parent coverage. Such wrap around coverage must be equivalent in scope, amount and duration to that provided to MA eligible individuals enrolled in ESI through the Rite Share program (Section 0349) and include payment for: any cost-sharing obligations in excess of the amounts established in Section 0348.40; and MA required health care services not covered by the other source of health insurance.

- o Referral to Child Support Enforcement

With the exception of pregnant women, the eligibility technician or Family Independence Program social caseworker must refer all families with an absent parent to the Department of Administration, Division

of Taxation, Child Support Enforcement. As a condition of eligibility, the applicant/recipient is required to cooperate in establishing the paternity of a child born out of wedlock for whom the applicant/recipient can legally assign rights and in obtaining medical care support and medical care payments for himself/herself, as well as for any other person for whom the applicant/recipient can legally assign rights. The applicant/recipient is also required to cooperate in identifying and providing information to assist Child Support Enforcement in pursuing any third party which may be liable to pay for care and services provided by MA. Notwithstanding this requirement, Medical Assistance may not be withheld from any child because of an adult's failure to cooperate with Child Support Enforcement.

Every applicant or recipient has the right to claim good cause for refusal to cooperate in child support enforcement. To claim good cause there must be a verifiable on-going reason for the individual to not cooperate.

The applicant or recipient is given an opportunity to claim good cause for refusing to cooperate. An AP-35 is read by the applicant, explained by the eligibility technician or Family Independence Program social caseworker and signed and dated, in duplicate, by each. The applicant/recipient retains a copy. The second copy is filed in the case record.

If good cause is claimed, the applicant/recipient is advised that she/he must state the basis of the claim and must present corroborative evidence within twenty (20) days of the claim; or, she/he must provide sufficient information to enable the investigation of the existence of the circumstance; or, provide sworn statements from individuals to support the claim as specified on the AP-35.

A determination of good cause is based on the Evidence supplied which establishes the claim; or, an investigation by the agency of the circumstance which confirms the claim; or, a combination of evidence and investigation; or, when the claim is one of

anticipated physical harm without evidence, the investigation supports the creditability of the claimant. The determination as to whether good cause does or does not exist should be made within thirty (30) days of the good cause claim unless the record documents that the agency needs additional time because the information required to verify the claim cannot be obtained within the time standard.

If the reason the information is not available is That the client did not present the corroborative Evidence within twenty (20) days of the claim, the record must document that the agency determined that the applicant/recipient required additional time to obtain the evidence, the amount of additional time allowed and that this decision had supervisory approval.

The final determination that good cause does or does not exist, including the findings and basis for the decision, must be included in the case log. The final determination is the responsibility of the eligibility technician or the Family Independence Program social caseworker.

A review of the good cause decision must be made at each Determination of Continuing Eligibility (DOCE). If it is determined that circumstances have changed Such that good cause no longer exists, there must be enforcement of the cooperation requirements.

- o Cost Sharing Requirements

Certain families and children one (1) year of age and over are subject to cost sharing requirements. These individuals must cooperate in making required premium payments in order to remain eligible for Medical Assistance. Failure to make a required premium payment, without good cause, will result in disenrollment from the health plan and loss of MA eligibility for a period of three (3) months. (Section 0348.40)

NOTE: Pregnant women whose countable family income is above two hundred fifty percent (250%) but not

exceeding three hundred fifty percent (350%) of FPL must pay the full State negotiated capitation rate to the health plan in addition to the schedule of point-of-service co-payments.